

## SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

instructions: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at <a href="ethics.counsel@state.tn.us">ethics.counsel@state.tn.us</a>. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

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1	a. DATE OF DISCLOSURE 5-12-07	
	b. REPORTING PERIOD [check box]: October 1 – March 31 April 1 – September 30	Õ
2.	a. NAME OF CORPORATION/ENTITY TO MECHINGO ASSOC.	_
	b. NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS	ř
	JACK Steakley (for Assoc)	_
3.	a. ADDRESS Street or Rural Route City State Zip Code	
	NOSH TENN 37204	_
	Nash Tenn 37204	-
	b. PHONE NUMBER 615-386-9696	
4.	LOBBYING INTERESTS	
	a. List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc.  Dlumbing + Mechanical Cont.	
		_
		_
		_
	<ul> <li>Describe the general nature and interest of the entity employing or retaining lobbying services, e.g.</li> <li>"insurance company," "professional association," etc.</li> </ul>	
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	TENNESSEE	•

5. **TOTAL AGGREGATE LOBBYIST COMPENSATION.** The term "compensation" is defined by T.C.A. § 3-6-301(7) as ". . . any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof, whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in T.C.A. § 3-6-301). Authority: T.C.A. § 3-6-303(a)(1)(A)-(K). (Check the appropriate box.)

ess than \$10,000	At least \$10,000 but less than \$25,000
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000
☐ If the aggregate total amount is \$400,000 or more thousand dollars (\$50,000):	e, you must round the aggregate total to the nearest fifty
6. <b>LOBBYIST NAMES.</b> List the name Tennessee. Indicate whether they are emptox. Attach additional pages as needed. At	es of the individual lobbyists who rendered services in the State of bloyed within your organization by checking the "In-House Lobbyist" athority: T.C.A. § 3-6-303(a)(1).
LOBBYIST NAME	IN-HOUSE LOBBYIST
Chip Smith	
Marie Company	
the employer to third party vendors, for the p opinion or grassroots action in the State of relating to printing, publishing, advertising, brodigital video discs, infomercials, railies, demo	reported under 5), state the aggregate total of expenses paid directly by urpose of influencing legislative or administrative action through public Tennessee. These expenditures include, but are not limited to, costs adcasting, paid announcements, audiotapes, videotapes, compact discs, natrations, seminars, lectures, conferences, postage, telephone related tes, governmental relations services, polling services, travel expenses, tions or any other expense incurred lobbying. Authority: T.C.A. § 3-6-6-2)
□ Loss (i.e., \$10,000	☐ At least \$10,000 but less than \$25,000
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000
☐ At least \$100,000 but less than \$150,000	☐ Ad load \$150,000 but loss than \$200,000 .
☐ At least \$200,000 but less than \$250,000	At least \$250,000 but less than \$000,000
☐ At least \$000,000 but less than \$000,000	☐ At least \$000,000 but less than \$400,000
☐ If the aggregate total amount is \$400,000 or mor thousand dollars (\$50,000):	e, you must round the aggregate total to the nearest fifty

0	<b>AGGREGATE TOT</b>	TAL OF ALL	INLETATE	EVENTS
8.	AGGREGATE TO	AL OF ALL	. IN-3   A   E	EAEIAIO

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). **Authority: T.C.A. § 3-6-303(a)(3).** 

Memphi's + NASh ASSOC. April than Sept \$12,000 00 If IN Scssion than Sept 30,

## 9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Jad Steahly	5-12-07
Signature of Person Completing Report Print Name of Person: JACK STEAKIET	Date

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

Jan Slesky	JACK Stenkley	5-12-07
Signature of CEO, CFO of Authorized	Representative	Date
Print Name of Person:		
Muhadle (rabany	, the undersigned, do hereby witness the abo	
(Printed Warne of Witness)	CFO or Authorized Representative, which	was signed in my presence.

Signature of Witness

Date

